

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	HN		02-06-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	FT	926	03-09-01
RESPONSE FORMALITY REVIEW	gph	1030	5-23-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11/01/01	
2	✓	11/01/01	
3	✓	11/01/01	
4	✓	11/01/01	
5	✓	11/01/01	
6	✓	11/01/01	
7	✓	11/01/01	
8	✓	11/01/01	
9	✓	11/01/01	
10	✓	11/01/01	
11	✓	11/01/01	
12	✓	11/01/01	
13	✓	11/01/01	
14	✓	11/01/01	
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26	✓	11/01/01	
27	✓	11/01/01	
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48	✓	11/01/01	
49	✓	11/01/01	
50	✓	11/01/01	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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